

Edmond Elite Sports Academy, LLC GENERAL RELEASE WAIVER

IN CONSIDERATION OF myself any family member, including but not limited to my child/ward named _____ (the "Child")("myself, my spouse(if any) and any family member and the Child shall be collectively referred to as "Us", "Our" or "We") being allowed to participate in any way in any activity or event in the past, present or future by Edmond Elite Sports Academy, LLC including but not limited to instruction, camps, events, batting cages and/or any activities or being a bystander or being present at any location of Edmond Elite Sports Academy, LLC (the "Activities"), the undersigned acknowledges, appreciates, and agrees that:

I hereby acknowledge that We are voluntarily participating in Activities. I understand that these Activities involve inherent risks, including but not limited to bodily injury, property damage, and death, which may occur as a result of participation or being present. Therefore, I agree to the following terms:

1. **RELEASE AND WAIVER OF LIABILITY:** We hereby release and forever discharge Edmond Elite Sports Academy, LLC, its directors, officers, agents, instructors, employees, and volunteers (collectively, the "Released Parties"), from any and all liability, claims, demands, and causes of action that We may have now or in the future, arising out of or related to any loss, damage, or injury, including death, that may be sustained by Us or to any property belonging to Us, whether caused by the negligence of Edmond Elite Sports Academy LLC or otherwise.
2. **ASSUMPTION OF RISK:** I understand and acknowledge that Our participation in the Activities involve inherent risks, including but not limited to bodily injury, property damage, and death. We voluntarily assume all risks associated with Our participation in these Activities.
3. **INDEMNIFICATION:** We agree to indemnify, defend, and hold harmless Edmond Elite Sports Academy, LLC from any and all claims, demands, and causes of action, including attorneys' fees and costs, arising out of or related to Our participation in the Activities.
4. **MEDICAL TREATMENT:** I authorize Edmond Elite Sports Academy, LLC, its agents, employees, and volunteers, to obtain or provide medical treatment for Us in the event of any injury, illness, or other medical condition that may occur during Our participation in the Activities.
5. **ACKNOWLEDGEMENT OF UNDERSTANDING:** I have read this sports waiver, fully understand its terms, and understand that We am giving up substantial rights, including my right to sue Edmond Elite Sports Academy, LLC for any injury, death, or damages that may result from Our participation in the Activities.

By checking signing below, I acknowledge that I have read and fully understand this sports waiver, and I voluntarily agree to its terms.

Signature

Dated